

IDAHO MAGNETIC MEDIA TRANSMITTAL
for Tax Year _____
1099 INFORMATION REQUIRED

You must complete each section of this form. If you don't, we will return your media.

1. Name of transmitter Address _____ <table style="width:100%;"> <tr> <td style="width:40%;">City _____</td> <td style="width:10%;">State _____</td> <td style="width:50%;">Zip code _____</td> </tr> </table>	City _____	State _____	Zip code _____	4. Number and type of media: _____ Cartridge (s) _____ CD (s) _____ Diskette (s)								
City _____	State _____	Zip code _____										
2. Name of person to contact about this magnetic media file Address _____ <table style="width:100%;"> <tr> <td style="width:40%;">City _____</td> <td style="width:10%;">State _____</td> <td style="width:50%;">Zip code _____</td> </tr> </table>	City _____	State _____	Zip code _____	5. Type of submission <table style="width:100%;"> <tr> <td style="width:25%;">W-2G <input type="checkbox"/></td> <td style="width:12.5%;">1098 <input type="checkbox"/></td> <td style="width:12.5%;">1099-A <input type="checkbox"/></td> <td style="width:12.5%;">1099-B <input type="checkbox"/></td> </tr> <tr> <td>1099-C <input type="checkbox"/></td> <td>1099-Misc <input type="checkbox"/></td> <td>1099-R <input type="checkbox"/></td> <td>1099-S <input type="checkbox"/></td> </tr> </table>	W-2G <input type="checkbox"/>	1098 <input type="checkbox"/>	1099-A <input type="checkbox"/>	1099-B <input type="checkbox"/>	1099-C <input type="checkbox"/>	1099-Misc <input type="checkbox"/>	1099-R <input type="checkbox"/>	1099-S <input type="checkbox"/>
City _____	State _____	Zip code _____										
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1099-C <input type="checkbox"/>	1099-Misc <input type="checkbox"/>	1099-R <input type="checkbox"/>	1099-S <input type="checkbox"/>									
3. Telephone number of contact person _____												

Summary of Payers Included on Magnetic Media

6. Name of Payer	7. Idaho Withholding Account Number	8. Federal Employer Identification Number	9. Number of Payees	10. Total Idaho Withholding from 1099s reported on Form 967
				\$

MAILING ADDRESS	FOR STATE USE ONLY					
Magnetic media is due March 2, 2009 MAIL MEDIA TO: Electronic Filing Coordinator Idaho State Tax Commission PO Box 36 Boise, ID 83722-0410 Physical Address: Electronic Filing Coordinator Idaho State Tax Commission 800 Park Blvd Plaza IV Boise, ID 83712-7763 TELEPHONE: (208) 334-7783	Times run	#1	#2	#3	#4	#5
	Date received					
	Uploaded by:					
	Reformat by:					
	<input type="checkbox"/> VALID <input type="checkbox"/> INVALID	<input type="checkbox"/> VALID <input type="checkbox"/> INVALID	<input type="checkbox"/> VALID <input type="checkbox"/> INVALID	<input type="checkbox"/> VALID <input type="checkbox"/> INVALID	<input type="checkbox"/> VALID <input type="checkbox"/> INVALID	
	Date:					
	Confirmed:					

FOR STATE USE ONLY _____

[illegible]

FORM 96-T INSTRUCTIONS

You must complete Form 96-T and enclose it with your magnetic media. You must complete each identified area. Use as many attachments as necessary.

1. **Transmitter**
The person or company that mailed the magnetic media.
2. **Contact Person**
The contact person should be someone who has technical knowledge of the data being submitted.
3. **Telephone Number**
Telephone number of contact person.
4. **Number of Magnetic Media**
Enter the number of magnetic media submitted with this transmittal. Be sure to include the sequence of diskettes on the external label.
5. **Type of Submission**
If you are reporting payments other than wages, check the appropriate 1099 box. For more 1099 information, refer to IRS Publication 1220 and the instructions on Idaho Form 96.
6. **Name of Payer**
Enter the name of the payer. This is the person or firm making the payment that is being reported (1099s).
7. **Idaho Withholding Account Number**
Enter the account number assigned by Idaho to the corresponding EIN.
8. **Federal Employer Identification Number**
For each payer, enter the federal EIN assigned by the Internal Revenue Service.
9. **Number of Payees**
Enter the number of Idaho payees (1099s).
10. **Total Idaho Withholding**
Enter the total amount of Idaho withholding per 1099s reported on Form 967.